



UNITED STATES
PATENT AND
TRADEMARK OFFICE

Commissioner for Patents
Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 9723

SERIAL NUMBER 09/667,504	FILING DATE 09/22/2000 RULE	CLASS 455	GROUP ART UNIT 2683	ATTORNEY DOCKET NO. 040000-749	
APPLICANTS Peter Larsson, Solna, SWEDEN;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/12/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <u>Mary V. Lee</u> H.V. Acknowledged Examiner's Signature Initials		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 10	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
ADDRESS 27045					
TITLE ISI mitigating OFDM delay transmit diversity					
FILING FEE RECEIVED 928	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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SERIAL NUMBER 09/667,504	FILING DATE 09/22/2000 RULE -	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. 040000-749	
APPLICANTS Peter Larsson, Solna, SWEDEN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/12/2000 -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 10	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
ADDRESS 21839 -					
TITLE ISI mitigating OFDM delay transmit diversity					
FILING FEE RECEIVED 928	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		